



Missouri Department of Revenue
Request for Waiver of Title Penalty

This form must be attached to the Application for Title.

Applicant & Vehicle	Last Name		First Name		Middle Initial
	Street Address		City	State	Zip Code
	Year	Make	Vehicle Identification Number (VIN)		
Unable to Title	Please select the appropriate box:				
	<input type="checkbox"/> Motor Vehicles, Motorcycles, Trailers, ATVs, and Manufactured Homes I hereby state that I was unable to title the unit identified above within the 30-day period allowed by Missouri Revised Statute, 301.190 . <input type="checkbox"/> Boats and Outboard Motors I hereby state that I was unable to title the unit identified above within the 60-day period allowed by Missouri Revised Statute, 306.015 .				
Title Penalty Waiver	I request a waiver of the title penalty based on the reason indicated below:				
	<input type="checkbox"/> Active Military Duty. <input type="checkbox"/> Act of God (Fire, Tornado, Flood, Earthquake). <input type="checkbox"/> Previously attempted to title within last 30 days. <input type="checkbox"/> Catastrophic illness of applicant or immediate family member.				
Extenuating Circumstances	I am requesting the title penalty be waived due to the following extenuating circumstances:				
	<input type="checkbox"/> Select box if additional documentation is attached.				
Signature	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. I understand if my request is due to extenuating circumstance, it will be forwarded for review and if denied, I will be notified of the amount due.				
	Signature of Applicant				
	Printed Name		Date (MM/DD/YYYY) ____/____/____		
DOR Use Only	<input type="checkbox"/> Extenuating Circumstances (other than those listed above) I hereby recommend the above applicant's title penalty fee be waived for the following reason(s):				
	I have advised the applicant this request and supporting documentation will be forwarded to the motor vehicle administrator for review and approval of the penalty waiver.				
	Signature of Department of Revenue Contract or Office Manager			Date (MM/DD/YYYY) ____/____/____	
	Signature of Administrator		Approved <input type="checkbox"/> Denied <input type="checkbox"/>	Date (MM/DD/YYYY) ____/____/____	
	Signature of Compliance and Investigation Bureau Agent		Case Number	Date (MM/DD/YYYY) ____/____/____	

